Transplant Recipients International Organization

Greater Cleveland Chapter • PO Box 22333 • Cleveland, OH 44122
• www.triocleveland.org • e-mail: TRIOCleveland@triocleveland.org
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The **2024 TRIO-Greater Cleveland** membership dues are currently being collected. Dues remain ***$100.00 per organization (per 5 members).*** By joining, you are helping us continue our mission to improve the quality of lives touched by transplantation both locally and internationally.

A portion of the dues are provided to TRIO National, enabling access to additional resources and confirming your national memberships. Please complete the tear-off portion of this page by March 31, 2023, to become a member**.** TRIO Greater Cleveland is an IRS 501(c) (3) non-profit corporation, and your annual dues may qualify as a deduction for income tax purposes.

Who Should JOIN?
- **Any** organ, eye, or tissue donor/donor family, candidate, recipient, and/or support person
- **Any** healthcare professional involved in the field of organ recovery or transplantation
    - **Any person supportive of the mission of organ, tissue, and eye donation and transplantation**

Why Join?
- You have a voice in the transplant community
- Affect positive change locally and federally
- Be a part of educating the community about the success of transplantation
- Help educate the community about the need for more registered organ donors
- Connect with professionals and other organizations involved in the transplant process
- Your logo will be included on TRIOCleveland.org

Detach and mail to TRIO Greater Cleveland, PO Box 22333, Cleveland, OH 44122
(Payments may be made by check, payable to **TRIO-Greater Cleveland Chapter, or Credit Card**)

Organization: _____

Address: _____ City: _____ State:_____ Zip: _____

Credit Card No: _____ Exp date: _____ CVV: _____

Print Name on Card: _____

Organizational Membership $ 100.00
Additional Donation to TRIO $_____
              Total Charge: **$_____**

Signature: _____ **Date:** _____

Please list individual names, titles, and email address. (For additional members, please use second membership form)

Name	Title	Email
1.		
2.		
3.		
4.		
5.		